

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT														
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		IND	DEP			
1	1						51												
2		1					52												
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48							98												
49							99												
50							100												
TOTAL IND.	2						TOTAL IND.												
TOTAL DEP.	9						TOTAL DEP.												
TOTAL CLAIMS	11						TOTAL CLAIMS												